



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

| | | | | | |
|---|-----------------------|---|---------------------------------------|-----------------------|--------------|
| 1. Corporate ID No. 137518 | | 2. Name of Corporation United Independent Liquor Retailers Association of Rhode Island, Inc. | | | |
| 3. State of Incorporation Rhode Island | | 4. Corporate address in Rhode Island - Street Address 321 South Main Street, Suite 301 | | City Providence | Zip 02903 |
| 5. Foreign corporation. Enter principal office address | | | | City | State Zip |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To promote and represent the common business interests of and improve business conditions among members of the independent retail liquor industry. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Elliott N. Fishbein | | | Vice President Name Ronald McGreen | | |
| Street Address 179 Newport Avenue | | | Street Address 1123 Bald Hill Road | | |
| City Rumford | State Rhode Island | Zip 02916 | City Warwick | State Rhode Island | Zip 02886 |
| Secretary Name Jane E. Costanza | | | Treasurer Name Thomas F. Saccocia | | |
| Street Address 667 Kingstown Road | | | Street Address 2069 Smith Street | | |
| City Wakefield | State Rhode Island | Zip 02879 | City North Providence | State Rhode Island | Zip 02911 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 | | | | | |
| Director Name Elliott N. Fishbein | | | Director Name Ronald McGreen | | |
| Street Address 179 Newport Avenue | | | Street Address 1123 Bald Hill Road | | |
| City Rumford | State Rhode Island | Zip 02916 | City Warwick | State Rhode Island | Zip 02886 |
| Director Name Jane E. Costanza | | | Director Name Thomas F. Saccocia | | |
| Street Address 667 Kingstown Road | | | Street Address 2069 Smith Street | | |
| City Wakefield | State Rhode Island | Zip 02879 | City North Providence | State Rhode Island | Zip 02911 |
| 9. REGISTERED AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 | | | | | |

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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| FILED | |
| File Date | JUN 01 2009 |
| Check No. | By 1085 |
| FOR SECRETARY OF STATE USE ONLY | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Jane E. Costanza

Print or Type Name of Officer

Secretary

Title of Officer